

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 3419-03
Bill No.: Perfected HCS for HB 1695
Subject: Health Care; Health Care Professionals; Insurance - Medical; Medical Procedures and Personnel; Missouri Calcium Initiative; Hospitals; Children and Minors; Disabilities
Type: Original
Date: April 22, 2002

FISCAL SUMMARY

ESTIMATED NET EFFECT ON STATE FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
All funds	(Unknown)	(Unknown)	(Unknown)
Conservation	(Unknown)	(Unknown)	(Unknown)
Highway	(\$53,472 to Unknown)	(\$64,167 to Unknown)	(\$64,167 to Unknown)
Insurance Dedicated	\$9,850	\$0	\$0
Total Estimated Net Effect on <u>All</u> State Funds*	(\$43,622 to Unknown)	(\$64,167 to Unknown)	(\$64,167 to Unknown)

*Could exceed \$100,000 in a given year.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2003	FY 2004	FY 2005
Local Government	(Unknown)	(Unknown)	(Unknown)

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 14 pages.

FISCAL ANALYSIS

ASSUMPTION

Insurance Coverage for Low Protein Modified Food Diets (Section 376.1219)

Officials from the **Department of Mental Health**, the **Department of Health and Senior Services**, the **Department of Social Services**, and the **Missouri Department of Conservation** assume this proposal would not fiscally impact their agencies.

Officials from the **Missouri Consolidated Health Care Plan (HCP)** state that this substitute modifies the language by deleting 376.1218 which requires coverage for maple syrup urine disease and to provide coverage for "low protein modified foods" recommended for the treatment of a patient with PKU or any inherited disease of amino and organic acids. HCP states low protein food encompasses a wide variety of foods. The proposal does not limit the amount or the types of low protein foods; it merely restricts the coverage to physician prescribed. HCP states specialty foods are very costly. According to a local home health agency, products include pastas in one-pound packages priced at \$7 per package, crackers in a 6-ounce package priced at \$4 per package, baking mix or flour price at \$9 per one pound box, and low protein breakfast loops, which are priced at \$9 per box. Other products fall in a wide range of products and include raisins, cheese, and soups.

Currently, HCP states the home health agency experiences very limited requests from the provider for the three products priced above. But will this required coverage influence providers to prescribe more than they currently do? Even at today's prescribing patterns, the cost of low protein modified foods for these patients will add costs to the plan. If the health plans try to recoup this cost through increased premiums, the result is expected to have some, though undetermined, impact for the state and public entities covered under HCP, depending upon utilization of these products.

Officials from the **Department of Insurance (INS)** assume insurers and HMOs would be required to amend their policies to comply with this legislation. Amendments must be filed with INS. INS estimates that 171 insurers and 26 HMOs would be required to file at least one amendment to their policy form with a filing fee of \$50, resulting in revenue of \$9,850 in FY 2003. INS has reached capacity in policy form reviews and the additional workload created by this legislation would cause delays in policy form reviews. Additional staff are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form amendments, the department would need to request additional staff to handle the increase in workload.

Officials from the **Department of Public Safety - Missouri State Highway Patrol (MHP)** defer their fiscal note response to the Department of Transportation.

ASSUMPTION (continued)

Officials from the **Department of Transportation (DHT)** state that currently the Highway and Patrol Medical Plan provides coverage for appropriate medically necessary services and supplies in the treatment of a condition. The only exception would be food supplements. Due to the low incident rate of amino and organic disorders, DHT assumes there would be no or very minimal fiscal impact to the Medical plan.

Historically, the DHT, MHP and the plan members have shared in any premium increases necessary because of increases in benefits. The costs may be shared in the long run (meaning shared between three categories: absorbed by the plan, state appropriated funds, and/or costs to individuals covered under the plan). However, the DHT (commission) must make a decision on what portion they will provide. Until the commission makes a decision, DHT can only provide the cost to the medical plan.

Missouri Calcium Initiative Section 34.375

In response to a similar proposal, Oversight received the following responses:

Officials from the **Department of Corrections, Missouri Lottery Commission, Missouri Senate, Lincoln University, Missouri Southern State College, Northwest Missouri State University, Southeast Missouri State University, Southwest Missouri State University**, and the **School Districts of Columbia, Springfield, and St. Louis** did not respond to our fiscal impact request.

Officials from the **Office of the Attorney General, Office of the State Courts Administrator, Missouri Western State College**, and the **Department of Insurance** did not respond to our fiscal impact request. However, in response to an identical proposal from the current session, all assume that the proposed legislation would have no fiscal impact on their agencies.

Officials from the **State Auditor's Office (SAO)** did not respond to our fiscal impact request. However, in response to an identical proposal from the current session, SAO assumes that the proposed legislation would have an unknown fiscal impact.

Officials from the **Departments of Conservation, Corrections, Economic Development, Mental Health, Labor and Industrial Relations, Higher Education, Revenue, Social Services, Health and Senior Services, Transportation, Natural Resources, Public Safety, Secretary of State's Office, State Treasurer's Office, Office of the Lieutenant Governor, Office of the Governor, Central Missouri State University, University of Missouri, Harris-Stowe State College, Truman State University, Missouri House of Representatives, Missouri Gaming Commission**, and the **Missouri Tax Commission** assume the proposed legislation would have no fiscal impact on their agencies.

ASSUMPTION (continued)

Officials from the **Department of Elementary and Secondary Education (DES)** state that passage of this proposal would result in a minimal cost to their agency. DES assumes that the School Food Services Section would develop and provide guidelines to school districts concerning foods high in calcium and foods available for purchase meeting the criteria outlined in the proposal. DES assumes that such guidance would likely be posted on the DES website. DES also assumes that there could be a minimal cost to the school districts to rewrite their purchasing guidelines.

Officials from the **Office of Administration - Division of Purchasing and Materials Management (COA)** state they would need to create bid language that informs potential bidders and offerors that a preference would be given for foods enriched with calcium. COA assumes this can be done with no fiscal impact to their agency.

Officials from the **School District of Kansas City** assume if the District is only required to purchase a higher calcium concentrated food product when the price is not higher, based on current market prices of foods with high calcium concentrated, there would be no additional cost to purchase the products. Officials also state that if the proposal were to pass, they would have to change bid specifications but assume the cost to be negligible.

Officials from the **Department of Agriculture - Missouri State Fair (AGR)** assume that they would continue to receive bids which may require allowing an option to bid without noting calcium levels. AGR assumes reviewing the additional information and developing a composite score or ranking would take an estimated additional 16 hours per contract. AGR estimates the salary cost to be \$326 in FY 2003, \$401 in FY 2004, and \$412 in FY 2005.

Oversight assumes the costs related to this proposal could be absorbed with existing resources.

Insurance Coverage for Routine Patient Care Cost for Participation in Clinical Trials Section 376.429

In response to a similar proposal, Oversight received the following responses:

Officials from the **Department of Insurance (INS)** assume insurers and HMOs would be required to amend their policies to comply with this legislation. Amendments must be filed with INS. INS estimates that 171 insurers and 26 HMOs would be required to file at least one amendment to their policy form with a filing fee of \$50, resulting in revenue of \$9,850 in FY 2003. INS has reached capacity in policy form reviews and the additional workload created by this legislation would cause delays in policy form reviews. Additional staff are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form amendments, the department would need to request additional staff to

ASSUMPTION (continued)

handle the increase in workload.

Officials from the **Department of Social Services - Division of Medical Services (DMS)** assume there will not be a fiscal impact to the DMS from this proposed legislation. Section 376.429.9 exempts Title XIX of the Social Security Act from the provisions of this legislation. However, Title XXI (States Children's Health Insurance Program - SCHIP) is not included in the programs that are exempt. DMS states in Missouri, the Title XXI program is administered through the Title XIX program therefore, the DMS assumes the Title XXI program is also exempt from this proposed legislation.

Officials from the **Missouri Department of Conservation (MDC)** state that this proposal mandates insurance coverage for clinical trials for treatment of cancer and other life-threatening illnesses. MDC assumes this proposed legislation has a unknown fiscal impact on MDC funds.

Officials from **Missouri Consolidated Health Care Plan (HCP)** assume that requiring the medical plan to cover Phase I, Phase II, Phase III or Phase IV clinical trials for cancer and other life threatening conditions could result in an increase in the plan's financial risk. Since the treatments may vary and only a few providers would be able to administer the treatments, the cost could be significant. HCP states to reduce this risk, the plan may transfer these additional costs to the members through an increase of premiums. Since the type of treatments, the associated costs and the number of patients cannot be estimated, the overall cost is unknown but could be significant. **Oversight** assumes unknown costs to the Public Entities, also.

HCP states the proposal does include an exclusion for "items and services customarily provided by the research sponsors free of charge for any enrollee in the trial". However, if health plans are required to cover the routine patient care costs incurred for drugs and devices that have been approved by the FDA, the sponsors of such programs may cut the funding to these programs and rely on the health plans' reimbursement for funding. Again, should this occur, the plans may transfer the additional costs to the members through increased premiums.

Officials from the **Department of Public Safety - Missouri State Highway Patrol** defer their fiscal note response to the Department of Transportation.

Officials from the **Department of Transportation (DHT)** assume this legislation requires coverage for certain patient care costs for certain clinical trials. This legislation will have no fiscal impact on DHT. The Highway & Patrol Medical Plan is not expressly included in the new legislation, but section 104.801 RSMo. would require the Medical Plan to offer similar coverage.

However, 104.801 only requires similar coverage and the reporting requirements are not included in the mandates of 104.801. Currently, the Medical Plan does not cover costs for clinical trials.

ASSUMPTION (continued)

As a result, there would be a fiscal impact to the Highway & Patrol Medical Plan.

DHT assumes that if health carriers are required to cover the cost of services needed to administer the drugs or use the device under evaluation in the clinical trial, that manufacturers and distributors or providers of the drugs or devices would no longer pay for any of the related costs. Assuming that this is true, DHT assumes that the fiscal impact to the Medical Plan would be very significant.

Without knowing the types of drugs, procedures, illnesses or how many individuals would participate, DHT finds it is impossible to calculate what a fiscal impact to the Medical Plan would be.

Insurance Coverage for Second Opinion for Cancer Specialist Section 376.1253

In response to a similar proposal, Oversight received the following responses:

Officials from the **Missouri Department of Conservation** assume this proposal would not fiscally impact their agency.

Officials from the **Missouri Consolidated Health Care Plan (HCP)** state this proposal allows a physician to refer a patient who has been newly diagnosed with cancer to an appropriate specialist within the network. If a specialist within the network is not available, the provider shall refer to a non-network specialist.

HCP states the provider contract with a health carrier requires them to refer members to participating specialists. Medical plans must meet the Department of Insurance's Network Adequacy regulations, therefore, most plans provide a vast network of primary care physicians, specialists, and hospitals. If a provider must make an occasional referral out of the network, the provider should still contact the health carrier who would then work on a reimbursement arrangement. Modifying the bill to allow network referrals before non-network referrals will reduce the exposure to additional costs. However, paying the non-network claims at network benefits, will still add costs. Unfortunately, depending on the provider and which state the services are rendered, these costs are too difficult to estimate but are thought to remain moderate.

Oversight assumes since members currently may receive second opinions from in-network providers, fiscal impact would be minimal.

Officials from the **Department of Public Safety - Missouri State Highway Patrol** defer their fiscal note response to the Department of Transportation.

ASSUMPTION (continued)

Officials from the **Department of Transportation (DHT)** state the Highway & Patrol Medical Plan is not mentioned in the legislation but section 104.801 RSMo. 2000 would require similar coverage. Currently, the Medical Plan does cover a second opinion, whether the specialist is in the provider network or out of the provider network. The only difference is that charges with a provider in the network are paid at a 90% co-insurance with the maximum out-of-pocket for the patient at \$750 and charges with an out-of-network provider are paid at an 80% co-insurance with the maximum out-of-pocket for the patient increasing to \$1,500. In addition, DHT states office visit charges with an in-network provider have a \$15 co-pay for the patient without being applied to their deductible and co-insurance. Out-of-network office visit charges are applied to the patients deductible and co-insurance.

Based on the current language, DHT assumes there would be no fiscal impact to DHT or the Highway and Patrol Medical Plan.

Officials from the **Department of Social Services - Division of Medical Services (DMS)** assume the proposed legislation requires insurance companies to provide coverage for a second opinion by a specialist for a patient that has been newly diagnosed with cancer. The specialist, referred by the physician, may be within or outside of the patient's provider network.

The proposed legislation will not have a fiscal impact to the DMS. Currently, second opinions for cancer patients are already a covered service for Missouri Medicaid in the fee for service program and the managed care program.

For the fee for service program, section 1.5 (which is the list of Restricted Benefits) in the Missouri Medicaid provider manual does not include second opinions; therefore, Missouri Medicaid does cover second opinions. Section 13.30 of the provider manual specifically references coverage for second opinions on surgeries. For the managed care program, the MC+ managed care contracts paragraph 2.13 provide for second opinions. DMS assumes that if the health plan has an appropriate medical specialist within the plan's network, its okay to use the in-network provider.

Officials from the **Department of Insurance (INS)** assume insurers and HMOs would be required to amend their policies to comply with this legislation. Amendments must be filed with INS. INS estimates that 171 insurers and 26 HMOs would be required to file at least one amendment to their policy form with a filing fee of \$50, resulting in revenue of \$9,850 in FY 2003. INS has reached capacity in policy form reviews and the additional workload created by this legislation would cause delays in policy form reviews. Additional staff are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form amendments, the department would need to request additional staff to handle the increase in workload.

ASSUMPTION (continued)

Insurance Coverage for Children's Hearing Aids Section 376.1221

In response to a similar proposal, Oversight received the following responses:

Officials from the **Department of Social Services** assume this proposal would not fiscally impact their agency.

The **Department of Transportation (DHT)** and the **Department of Public Safety - Missouri State Highway Patrol (MHP)** assume this legislation requires health insurance carriers to provide coverage for hearing aids for dependent children who are covered under a policy or contract and provide coverage for replacement hearing aids for the child at least once every three years or as prescribed by an audiologist. DHT and MHP state according to this legislation, the deductible or co-payment cannot exceed 20% of the actual covered service cost, but the benefit payable for hearing aids may be limited to \$1,250 per hearing aid for each ear with a hearing loss.

DHT and MHP assumes this legislation will have no fiscal impact on DHT and MHP. The Highway & Patrol Medical Plan is not expressly in the statute, but under section 104.801 RSMo., the Medical Plan would have to provide similar coverage. DHT and MHP state effective January 1, 2002, the medical plan is required to cover the initial amplification for a newborn who has hearing loss detected within the first three months of their birth. The medical plan is currently not required to cover replacement amplification devices or hearing aids for children that are not detected with a hearing loss in the first three months of their birth. As a result, DHT and MHP assume this legislation will have a fiscal impact on the Highway & Patrol Medical Plan.

Because the Highway & Patrol Medical Plan is currently required to cover the initial amplification for newborns who have a hearing loss detected within the first three months of birth only and does not currently cover replacement hearing aids or hearing aids for children who are not detected within the first three months of birth, DHT and MHP assume this legislation will have a fiscal impact to the Medical Plan. Information DHT and MHP obtained on the internet from the Gallaudet University Center for Assessment & Demographic Studies, states that 1.8% of children 3-17 years of age are hearing impaired. DHT and MHP will round up to 2% of Highway and Patrol Medical Plan's child population is hearing impaired due to their percentage not including birth to 3 years of age. Based on other information found in a Today news article on the internet, 70% with hearing loss would benefit from the use of hearing aids. The legislation does not specify the age of children. DHT and MHP assume Birth through age 18 years, because the Medical Plan currently covers dependent children until they reach age 19.

DHT and MHP also found in the Gallaudet survey that 4.4% of hearing loss is due to hearing loss at birth. DHT and MHP assume that this is the percentage that would be identified with hearing loss by way of the newborn screenings and the children that the Medical Plan are currently

ASSUMPTION (continued)

responsible for covering their initial amplification effective January 1, 2002.

DHT and MHP assume that the Medical Plan would cover the hearing aids 100% up to the \$1,250 maximum per hearing aid and that individuals will meet their \$1,250 limit. Based on information from an audiologist with the Missouri School for the Deaf, DHT and MHP also assume that each individual will need two hearing aids.

Currently the Highway & Patrol Medical Plan has 5,599 children enrolled and on average have 295 new births added to the plan annually. Based on the above assumptions, we found that approximately 112 children covered under our medical plan would be hearing impaired ($5,599 \times 2\%$). Of these 112 children DHT and MHP assume that approximately 78 would benefit from the use of hearing aids ($112 \times 70\%$). DHT and MHP also assume that the Medical Plan would have 1 child every 4 years born with hearing loss ($295 \times 2\% \times 4.4\%$). This 1 child is what the Medical Plan is currently responsible for coverage of their initial amplification. If the Medical Plan would have to provide coverage up to \$1,250 for hearing aids/hearing loss ear and replacement hearing aids every three years, the fiscal impact would be approximately \$192,500 every three years ($((78-1) \times (\$1,250 \times 2))$ or \$64,167 annually ($\$192,500/3$). DHT and MHP assume 77% is DHT (\$49,409) and 23% is MHP (\$14,758).

Historically, MHP, DHT, and the plan members have shared in any premium increases necessary because of increases in benefits. The costs may be shared in the long run (meaning shared between three categories: absorbed by the plan, state appropriated funds, and/or costs to individuals covered under the plan). However, the MHP and DHT must make a decision on what portion they will provide. Until a decision is made, DHT and MHP can only provide the cost to the medical plan.

Department of Conservation (MDC) officials assume the proposed legislation would have a fiscal impact on MDC funds since hearing aids for children are not presently covered by MDC insurance. MDC estimates the impact to be less than \$100,000.

Officials from the **Department of Insurance (INS)** assume insurers and HMOs would be required to amend their policies to comply with this legislation. Amendments must be filed with INS. INS estimates that 171 insurers and 26 HMOs would be required to file at least one amendment to their policy form with a filing fee of \$50, resulting in revenue of \$9,850 in FY 2003. INS has reached capacity in policy form reviews and the additional workload created by this legislation would cause delays in policy form reviews. Additional staff are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form amendments, the department would need to request additional staff to handle the increase in workload.

ASSUMPTION (continued)

Officials from the **Missouri Consolidated Health Care Plan (HCP)** state that HCP's plans currently allow for hearing aids for HCP members at 20% coinsurance. HCP states hearing aids are available once every two years. HCP assumes this proposal would not fiscally impact their agency.

<u>FISCAL IMPACT - State Government</u>	FY 2003 (10 Mo.)	FY 2004	FY 2005
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ALL FUNDS

Costs - All funds

Increased state contribution (Section 376.1219)	(Unknown)	(Unknown)	(Unknown)
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Increased state contribution (Section 376.429)	(Unknown)	(Unknown)	(Unknown)
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ESTIMATED NET EFFECT ON ALL FUNDS

<u>(UNKNOWN)</u>	<u>(UNKNOWN)</u>	<u>(UNKNOWN)</u>
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CONSERVATION FUND

Costs - Missouri Department of Conservation

Increased State Contribution (Section 376.429)	(Unknown)	(Unknown)	(Unknown)
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Increased State Contribution (Section 376.1221)	<u>(Less than \$100,000)</u>	<u>(Less than \$100,000)</u>	<u>(Less than \$100,000)</u>
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ESTIMATED NET EFFECT ON CONSERVATION FUND

<u>(UNKNOWN)</u>	<u>(UNKNOWN)</u>	<u>(UNKNOWN)</u>
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HIGHWAY FUND

Costs - Department of Transportation

Increased State Contribution (Section 376.429)	(Unknown)	(Unknown)	(Unknown)
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Increased State Contribution (Section 376.1221)	(\$41,174)	(\$49,409)	(\$49,409)
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<u>FISCAL IMPACT - State Government</u>	FY 2003 (10 Mo.)	FY 2004	FY 2005
<u>Costs - Department of Public Safety - Missouri State Highway Patrol</u>			
Increased State Contribution (Section 376.429)	(Unknown)	(Unknown)	(Unknown)
Increased State Contribution (Section 376.1221)	(\$12,298)	(\$14,758)	(\$14,758)
ESTIMATED NET EFFECT ON HIGHWAY FUND	<u>(\$53,472 to UNKNOWN)</u>	<u>(\$64,167 to UNKNOWN)</u>	<u>(\$64,167 to UNKNOWN)</u>

INSURANCE DEDICATED

<u>Income - Department of Insurance</u>			
Form filing fees (Sections 376.1219, 376.429, 376.1253, and 376.1221)	\$9,850	\$0	<u>\$0</u>
ESTIMATED NET EFFECT ON INSURANCE DEDICATED FUND	<u>\$9,850</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT - Local Government</u>	FY 2003 (10 Mo.)	FY 2004	FY 2005
POLITICAL SUBDIVISIONS			
<u>Costs - Political Subdivisions</u>			
Increased local contributions (Section 376.1219)	(Unknown)	(Unknown)	(Unknown)
Increased local contributions (Section 376.429)	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON POLITICAL SUBDIVISIONS	<u>(UNKNOWN)</u>	<u>(UNKNOWN)</u>	<u>(UNKNOWN)</u>

FISCAL IMPACT - Small Business

Sections 376.1219, 376.429, 376.1253 and 376.1221
 Small businesses could be expected to be fiscally impacted to the extent that they could incur increased health insurance premiums as a result of the requirements of this proposal.

FISCAL IMPACT - Small Business (continued)

Section 34.375

This proposal may affect businesses who contract with local school districts to provide food services. In addition, small businesses that do not carry products with a higher level of calcium or price that is equal or lower to other business could recognize a fiscal impact.

DESCRIPTION

Section 376.1219

This proposal requires health insurers to pay for low protein modified food products that are recommended by a physician for treatment of patients with certain inherited diseases.

Section 34.375

This proposal creates a Missouri Calcium Initiative. The proposal requires that a purchasing agent for any state governmental entity or school district that purchases food or beverages which are served in a building or room operated or owned by the entity give preference to high calcium foods and beverages that are equal to or lower in price than products of the same type and quality. If a state institution determines that the foods and beverages will interfere with the proper treatment and care of a patient, it need not make such purchase for that patient. The provisions of the initiative are in addition to any requirements placed upon a governmental entity by the United States Department of Agriculture under the National School Lunch Program or the School Breakfast Program. The proposal does not require voiding the terms of any contract entered before July 1, 2002.

Section 376.429

This proposal requires health insurance plans to provide coverage for routine patient care costs incurred as a result of participating in clinical trials for the prevention and treatment of cancer or the treatment of other life threatening illnesses. The clinical trial must be approved or funded by one of the entities which are specified in the proposal.

Entities seeking coverage of a clinical trial approved by an academic institutional review board in Missouri are required to maintain and electronically list clinical trials which meet the requirements of the proposal.

Providers participating in clinical trials are required to obtain a patient's informed consent which is consistent with current legal and ethical standards. Information required by this provision will be available to the health insurer upon request.

A policy, plan, or contract paid under Title 18 or Title 19 of the federal Social Security Act is exempt from the requirements of the proposal.

DESCRIPTION (continued)

376.1253

This proposal requires health care entities to provide coverage for a second medical opinion by an appropriate specialist for patients with a newly diagnosed cancer. This coverage must be provided even if the specialist is not in the provider's network.

376.1221

This proposal requires health insurance entities to provide coverage for children's hearing aids.

Health insurance entities must provide at least \$1,250 in benefits coverage for each ear with a hearing loss. Deductibles or co-payments cannot exceed 20% of the actual covered service costs.

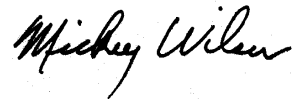
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Transportation
Department of Social Services
Missouri Consolidated Health Care Plan
Department of Insurance
Missouri Department of Conservation
Department of Public Safety - Missouri State Highway Patrol
Department of Health and Senior Services
Department of Mental Health
Office of Administration - Division of Purchasing and Materials Management
Department of Corrections
Department of Economic Development
Department of Labor and Industrial Relations
Department of Higher Education
Department of Revenue
Department of Agriculture
Department of Natural Resources
Department of Public Safety
Department of Elementary and Secondary Education
Secretary of State's Office
State Treasurer's Office
Office of the Lieutenant Governor
Office of the Governor

SOURCES OF INFORMATION (continued)

Central Missouri State University
University of Missouri
Harris-Stowe State College
Truman State University
School District of Kansas City
Missouri House of Representatives
Missouri Gaming Commission
Missouri Tax Commission

A handwritten signature in black ink that reads "Mickey Wilson". The signature is written in a cursive, flowing style.

Mickey Wilson, CPA
Acting Director
April 22, 2002